



SARAH STEELMAN, MISSOURI STATE TREASURER
MISSOURI FIRST LINKED DEPOSIT
AGRICULTURE - FARM OPERATION EXPENSE LOAN APPLICATION

Name: _____

Business Name: _____

Social Security #: _____ Tax I.D. #: _____

Street: _____ City: _____

County: _____ State: _____ ZIP: _____

Phone #: _____ FAX #: _____

Amount Requested: \$ _____ Applicant's Equity: % _____

Give number of years applicant has previously benefited from linked deposits: _____
(TOTAL PARTICIPATION MAY BE NO MORE THAN FIVE YEARS)

Please indicate type of operation:

☐ Cattle ☐ Swine ☐ Crop ☐ Poultry ☐ _____

APPLICANT CERTIFICATION:

I hereby certify that the applicant individual(s) or business meets the following eligibility criteria:

- (a) *Is headquartered in Missouri;*
- (b) *Maintains operations and transacts business in Missouri;*
- (c) *Employs fewer than ten employees;*
- (d) *Is organized for profit; and*
- (e) *I certify that my percentage of equity, defined as total assets minus total liabilities divided by total assets, is not more than sixty percent (60%).*

I further certify that the reduced rate loan will be used exclusively for necessary agriculture production expenses or for the refinancing of an existing loan for such purposes, and that I am aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. The total of reduced rate loans to a borrower must not exceed \$100,000. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.

Name (type or print) Title (if business)

Signature Date

(Continued on other side)

BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the MISSOURI FIRST Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether this applicant is an appropriate participant in the MISSOURI FIRST Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.

For Lender:

Signature	Title	Date
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Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530.